

# Faith insurance

## APPLICATION FORM

**To Ecclesiastical Insurance Office plc, Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom.**

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

**Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.**

### How we use your data

We take data protection seriously and your privacy is important to us. We will process your data in accordance with the applicable data protection law. Please ensure you read the 'How we will use your data' notice at the end of this form.

### Applicant details

**1 Name of organisation**

(Please specify the full legal entity to be insured e.g. The trustees, elders and committee of the organisation.)

  

**2 Denomination of church/organisation**

**3 Postal address**

|                      |           |
|----------------------|-----------|
| <input type="text"/> |           |
| <input type="text"/> |           |
| Postcode             | Telephone |
| Email                | Website   |

**4 Date upon which the insurance is to commence**

*Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.*

**General details**

**1** If a charity, what is your charity registration number?

**2** How many years have you been established at the current premises?

elsewhere?

**3** Please advise the number of members you have

**4** Please state or enclose a copy of your mission statement outlining your aims and ideals

**5** It is most important that you fully describe the activities that are carried out at each of your premises and elsewhere. Please detail these in the box below

**6** Please advise the annual revenue of your organisation

(a) last year £

(b) estimated for this year

£

**7** Have you ever been subject to an investigation by the Charity Commission or any other body?

If 'Yes' please provide details.

**Premises to be insured****1 Full address(es) of premise(s) to be insured**

|          |           |
|----------|-----------|
|          |           |
|          |           |
|          |           |
| Postcode | Telephone |

**2 General description of the premises to be insured**  
(Please include its original date of construction and purpose.)

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**3 Are the premises listed?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If 'Yes' please state:

|         |                      |           |                      |          |                      |       |                      |
|---------|----------------------|-----------|----------------------|----------|----------------------|-------|----------------------|
| Grade I | <input type="text"/> | Grade II★ | <input type="text"/> | Grade II | <input type="text"/> | Other | <input type="text"/> |
|---------|----------------------|-----------|----------------------|----------|----------------------|-------|----------------------|

**Property damage****1 The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, subterranean fire, storm, flood, escape of water, impact, falling trees, falling aerals, escape of oil, sprinkler leakage, accidental damage, theft or attempted theft and breakage of glass and sanitary fixtures.****We can also provide cover for the following.**

|                         |            |                          |           |                          |
|-------------------------|------------|--------------------------|-----------|--------------------------|
| Please tick if required | Subsidence | <input type="checkbox"/> | Terrorism | <input type="checkbox"/> |
|-------------------------|------------|--------------------------|-----------|--------------------------|

**2 Sums to be insured****(a) Buildings**

This is the cost of rebuilding the premises, not the market value, together with any associated fees and debris removal costs.

(b) Contents

(i) audio and video equipment, computers and other office machinery

£

(ii) all other contents (including consumable stock not for sale)

£

(c) Stock (not including consumable stock not for sale) and materials

£

(d) Tenants' improvements and decorations for which you are responsible

£

(e) 'All Risks' for specified items

All risks cover is provided for unspecified items anywhere in the UK subject to limits of £1,000 for any single item and £5,000 in any one period of insurance (lower limits apply to personal belongings). If you require additional cover for specified items list them here.

| Item description | Location (UK, Europe, worldwide?) | Sum insured |
|------------------|-----------------------------------|-------------|
|                  |                                   |             |
|                  |                                   |             |
|                  |                                   |             |

3

Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection?

Yes

No

Note: Day One basis does not apply to stock intended for sale.

If 'Yes' please select the percentage uplift you require.

15%

25%

50%

Other limit (please specify)

4

Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles?

Yes

No

If 'No' please provide details.

5

Flood

Are any of the buildings on a site which has suffered from flooding at any time in the past ten years?

Yes

No

If 'Yes' please provide details.

**6 Are any of the premises protected by a fire or intruder alarm?**

Yes

No

If 'Yes' please provide details of the alarm system(s) and attach a copy of the specification(s).

**7 If subsidence cover has been requested please answer the following questions**

*Note: it may be necessary to complete a separate subsidence questionnaire.*

**(a) Is the property currently insured against subsidence, heave, landslip or settlement?**

Yes

No

**(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?**

Yes

No

**(c) Has any of the property been underpinned or provided with other means of structural support?**

Yes

No

If 'Yes' to (a), (b), or (c) please provide details.

**Business interruption**

**1 Please indicate the cover required by ticking the relevant box below**

☐

Standard £50,000 for 24 months - Maximum Indemnity Period

☐

Other

If other, please give details.

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**Liabilities**

**1** Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

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If you do not have an ERN, please confirm that you are exempt from holding one.

**Yes**

2

**(a) The standard limit of indemnity for Employers' liability is £10,000,000**

A higher limit can be considered on request, please specify:

£

**(b) The standard limit of indemnity for Public & products liability is £2,000,000**

If you require a different limit, please specify:

£

*In respect of products liability this will be the maximum amount payable any one period of insurance.*

3

**Do you engage unpaid officials or voluntary helpers?**

Yes

No

If 'Yes' please advise.

| Nature of duties | Total number engaged | Maximum number at any one time | Average weekly hours donated by each volunteer |
|------------------|----------------------|--------------------------------|--|
|                  |                      |                                |  |
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4

**Health & Safety****(a) Do you have a written Health & Safety policy?**

Yes

No

**(b) Is responsibility for Health & Safety issues designated to a Senior Official?**

Yes

No

If 'No' please provide details of arrangements.

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5

**Do you engage in fundraising activities e.g. collections, fetes, etc?**

Yes

No

If 'Yes' please advise.

| Full details of the nature and scope of the activity | Approximate numbers attending each activity | Number per year |
|--|---|-----------------|
|  |   |                 |
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**6 Please tick the box if you engage in any of the following activities**Sponsored walks or other  
sponsorship events☐Mountaineering/rock climbing/  
caving/pot holing/abseiling/  
orienteering/gully bashing/  
waterfall jumping/bungee jumping  
or any activity involving the use of  
elasticated ropes☐

Horse riding

☐

Bonfire parties and/or firework displays

☐Water sports or water related activities  
including canoeing/kayaking/  
rafting/any white water activities/  
sub aqua diving/snorkelling☐Parachuting/sky diving/any activity  
involving the use of aircraft☐

Activities involving vehicles, e.g. karting

☐

Any other potentially hazardous pursuits?

☐

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it.)

  

**7 Risk assessments**

Are all necessary risk assessments undertaken by suitably qualified and competent personnel before taking part in any of the activities described in questions 5 and 6 above and are such activities supervised by suitably qualified people?

Yes

☐

No

☐**8 Are celebrities ever involved in any of your activities?**

If 'Yes' please provide details.

Yes

☐

No

☐
  
  

**9 Do you always comply with established codes of practice and safety policies before engaging in any activity?**

Yes

☐

No

☐**10 If you are engaged in any hazardous activities, do you always****(a) use a specialist service provider?**

Yes

☐

No

☐

**(b) check that the service provider has public liability insurance in force at the time of the event with a limit of indemnity no less than that sought under this insurance and which includes an 'Indemnity to principal' extension?**

Yes

☐

No

☐

If 'No' to (a) or (b) please provide details.



**11 Do you or your representatives offer any advice or counselling to third parties?**Yes ☐No ☐

If 'Yes' please provide details.

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**12 Are your activities limited to the United Kingdom?**Yes ☐No ☐

If 'No' please confirm:

The countries outside the UK in which activities are undertaken.

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The scope of these activities.

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Details of any insurance specifically arranged in respect of such activities.

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**13 Do you engage personnel who are not ordinarily resident within the United Kingdom?**Yes ☐No ☐

If 'Yes' please provide full details.

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**14 Do you act at all times within the guidelines and advice provided by the Foreign and Commonwealth Office in respect of travel to places abroad?**Yes ☐No ☐**15 Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?**Yes ☐No ☐

If 'Yes'

**(a) Do you have a safeguarding policy which is reviewed at least annually?**Yes ☐No ☐**(b) For any of your personnel dealing with children and/or young people or vulnerable adults do you undertake appropriate criminal record checks?**Yes ☐No ☐

If 'No' to (a) or (b), please provide details.

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**16 Do you sell or supply any products?** (including second hand items)

Yes ☐

No ☐

If 'Yes' please provide details. In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale.

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**17 Trustee and management liability extension**

**(a) Are you or any of your present or former trustees, officials of your place of worship or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the Trustee and management liability extension provided under the liability section?**

Yes ☐

No ☐

If 'Yes' please state the date and details of each incident.

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**(b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position?**

Yes ☐

No ☐

If you require a higher limit than the £100,000 provided by this extension, please complete the following Trustee and management liability section questions.

## Trustee and management liability

### 1 Is cover required?

If 'Yes' complete questions 2 to 8 below.  
If 'No' please proceed to Fidelity section.

Yes ☐No ☐

### 2 Limit of indemnity required

☐ Standard £250,000

☐ If a higher limit is required please specify (up to a maximum of £1,000,000)

£ 

### 3 In addition to the organisation detailed on page 3, are any related bodies to be insured i.e. any company or association which exists for your charitable purposes?

Yes ☐No ☐

If 'Yes' please confirm the organisations to be covered.

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### 4 To what date do your last accounts cover?

### 5 Do they cover a 12 month period?

If 'No' please provide details.

Yes ☐No ☐

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### 6 Were your accounts (please tick one)

☐ audited?

☐ independently examined?

### 7 What is the total gross assets (fixed assets plus investments plus current assets) in the last balance sheet?

£ 

### 8 If you are a charity that acts as a custodian trustee, what is the total gross assets in the charity's custody?

£

## Fidelity

## 1 Is cover required?

Yes

No

If 'Yes' complete questions 2-11.

If 'No' please proceed to Goods in transit section.

### Section A – All employees

## 2 Do you require cover for all employees and officials?

Yes

No

Limit is £10,000 (in total for all employers and officials) any one period of insurance.

**3 Please confirm the total number of employees and officials**

#### 4 What is the estimated total wage roll for all employees and officials?

C

## Section B – All voluntary workers

## 5 Do you require cover for all voluntary workers?

Yes

No

Limit is £5,000 (in total for all voluntary workers) any one claim and £10,000 any one period of insurance.

**6 Please confirm the total number of voluntary workers**

**7 Have you ever found the need to question the honesty or conduct of any person to be insured?**

Yes

No

If 'Yes' please provide details.

**8 Are written references obtained directly from former employers (for the whole of the preceding three years of engagement) of any employee or official or voluntary worker who has responsibility for money, accounts or goods?**

Yes

No

If 'No' please describe procedure.

**9****Minimum standard of control**

The terms of this cover require the Minimum standard of control declared on this application to remain fully operative during the currency of the policy. It is therefore essential that any alterations are advised to us and our agreement to such alterations confirmed.

If your answer to any question below is 'No', please provide full details of the controls you have in operation in the Additional information box below.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>(a) Are two manually applied signatures required on all cheques drawn for more than £10,000?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(c) Are the wages and salaries checked independently of the person preparing them before payment?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(f) Will there be at least monthly physical checks, independently of the persons respectively responsible for</b>   |                              |                             |
| (i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unpresented cheques?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) Petty cash account against vouchers, receipts and the cash balance?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(g) Will there be at least an annual physical check, independently of the persons respectively responsible, of all stocks against verified stock records?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(h) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(i) If you use a computer or rent computer time in connection with your business are computer checks built into your security system?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(j) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>(k) Are all supplier/creditor accounts that are received for payment checked and validated, independently of those placing the orders or settling the accounts, directly with the supplier/creditor before payment is authorised?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional information:

## 10 External audits

**Are your accounts including those of any subsidiary companies examined by external auditors at least annually?**

Yes

No

If 'Yes' please state their name and address.

## 11 Internal audits

**(a) Do you have an internal audit team or department?**

Yes

No

**(b) Do they undertake at least one full audit annually at each of your premises?**

Yes

No

If 'No' to either (a) or (b) please describe the procedure.

## Goods in transit

## 1 Is cover required?

Yes

No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to the General questions.

**2 Please provide details of the type of goods to be sent**

### 3 Estimated annual carryings

Additional information:

**(a) If you require cover for goods carried in your own vehicles please complete the following**

Estimated annual carryings

Limit required any one vehicle (including trailer)

**(b) If you require cover for goods carried other than in your own vehicles please complete the following**

| Carrier  | Limit | Type                        | Estimated annual carryings |
|----------|-------|-----------------------------|----------------------------|
| Hauliers |       | any one parcel /consignment | £                          |
| Parcel   |       | any one parcel /consignment | £                          |
| Rail     |       | any one parcel /consignment | £                          |

## General questions

**1 Are all the premises to be insured in a good state of repair and will they be so maintained?**

Yes ☐

No ☐

If 'No' please give details.

**2 In respect of the risks to be insured whether at these premises or elsewhere has any**

**(a) loss, damage, injury or liability arisen during the past five years whether insured or not?**

Yes ☐

No ☐

**(b) company or underwriter declined to issue or renew a policy or imposed special terms?**

Yes ☐

No ☐

If 'Yes' to either (a) or (b) please provide details.

**3 During the last five years**

**(a) has the name of your organisation changed?**

Yes ☐

No ☐

**(b) has any other organisation amalgamated with or been merged with the organisation?**

Yes ☐

No ☐

If 'Yes' to either (a) or (b), please provide details.

**4****Have you or any employee, official, trustee or representative ever been****(a) prosecuted under the Factories Act or the Health & Safety at Work etc. Act or any similar legislation?**Yes ☐No ☐**(b) served with a Prohibition Notice under the Health & Safety at Work etc. Act?**Yes ☐No ☐

If 'Yes' to either (a) or (b) please provide details.

  

**5****Have you or any official, trustee or representative ever****(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.**Yes ☐No ☐**(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?**Yes ☐No ☐**(c) had any County Court Judgments made****(i) against you in a personal capacity?**Yes ☐No ☐**(ii) against any organisation, company, business or firm in which any of you have been involved as a trustee, official or partner or in a similar capacity?**Yes ☐No ☐

If 'Yes' to either (a), (b) or (c) please provide details.

  
  
  

**6****Disclosure of additional material circumstances**

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

  
  
  
  
  
  
  
  
  

**7****Have you been supplied with a summary of cover in respect of this insurance?**Yes ☐No ☐



**Law applicable**

**This policy shall be governed by and construed in accordance with the law of England and Wales unless your central administration and/or place of establishment is located in Scotland in which case the law of Scotland shall apply.**

**Declaration**

**This declaration must be signed and dated on behalf of all the parties to be insured under this policy. In the event of Joint Insureds we have allowed for more than one signature.**

**I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.**

**I/We agree to accept a policy in the Company's usual form for this class of business.**

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

|          |      |
|----------|------|
| Initials | Date |
|----------|------|

## How we use your data

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

Ecclesiastical Insurance Office plc ("**we**", "**us**", "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health or criminal convictions or information which is likely to reveal your religious beliefs.

We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, our service providers and professional advisors, or business partners and our regulators.

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by clicking on the link at the bottom of any email or by contacting us.

## Fraud Prevention

We need to carry out fraud and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations such as the Claims and Underwriting Exchange, run by MIB. If you make a claim, we will share your personal data (to the extent necessary) with other companies including other insurers and anti-fraud organisations to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

If false or inaccurate information is provided and fraud is identified, your personal data will be passed to fraud prevention agencies including the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

## Further Information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at [www.ecclesiastical.com/privacypolicy](http://www.ecclesiastical.com/privacypolicy) or contact our Data Protection Officer at Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom or on **0345 6073274** or email [compliance@ecclesiastical.com](mailto:compliance@ecclesiastical.com).

For further information on any of our products, please speak to your insurance broker.

Or visit us at

**[www.ecclesiastical.com](http://www.ecclesiastical.com)**

If you would like this application in large print, braille, on audio tape or computer disc please call us on

**0345 777 3322.**

You can also tell us if you would like to always receive literature in another format.



Benefact House, 2000, Pioneer Avenue,  
Gloucester Business Park, Brockworth,  
Gloucester, GL3 4AW, United Kingdom